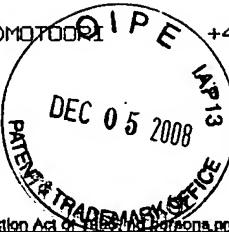




Print Form



Under the Paperwork Reduction Act of 1995, no person is required to respond to or comply with a collection of information unless it displays a valid OMB control number.

PTO/SB/01 (11-08)

Approved for use through 11/30/2011. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/1570 · 599
Filing Date	03 - 06 - 2006
First Named Inventor	ARON JOSEPH CLARKSON
Title	DISPENSING CLOSURE
Art Unit	3729
Examiner Name	ACKUN, JACOB-K
Attorney Docket Number	AP085 - 06

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ARON J. CLARKSON		
Address	P.O. BOX		
City	SOUTH MELBOURNE	State	VICTORIA
Country	AUSTRALIA	Zip	3205
Telephone	+61 315269089	Email	aron@STARONE-GROUP.COM

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	aron Clarkson	Date	13 - 05 - 2008
Name	ARON J. CLARKSON	Telephone	+61 315269089
Title and Company	C.E.O. STAR ONE GROUP LTD.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of ONE forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2